OREGON DEPARTMENT OF VETERANS' AFFAIRS

02-09-95A11:39 RCVD

Volm95 Page 2867

MTC 345 XD SATISFACTION OF MORTGAGE

Account No. M71913

The STATE OF OREGON, acting mortgage executed by Richard D. Neath recorded on the 14th day of September Records, Vol. M77 Page 17122, together	amer and Bou 1977, in the K	Jamath County Oregon Mortgage
WITNESS the STATE OF ORE day of February 1995, at Salem, Oregon	GON has cau	sed these presents to be executed this 6th
	Oregon Department of Veterans' Affairs	
		Schnepp r, Accounts Services
STATE OF OREGON)	2
County of Marion) ss.)	On February 6, 1995
this instrument was acknowledged before personally appeared, and, being first dul foregoing document on behalf of the Ore Director.	y swom, did s egon Departm	say that he is duly authorized to sign the ent of Veterans' Affairs by authority of its
	Before me:	Notary Public For Oregon
AFTER RECORDING RETURN TO:		Notary (Educate 1 of Olegon
Klamath First Federal 2943 South Sixth Street Klamath Falls, OR 97603	_, a	OFFICIAL SEAL RUTH PARKER NOTARYPUBLIC-OREGON COMMISSION NO. 030146 MY COMMISSION EXPRES FEB. 11, 1988

STATE OF OREGON: COUNTY OF KLAMA	ATH: ss.	
Filed for record at request of	Mountain Title Co	the 9th
	at 11:39 o'clock A M., and	
of <u>Mort</u>	gages on Page 286	67
FEE \$10.00	Bernetha G. Letsch	· County Clerk

	1. DECEDENT'S FIRST NAME Clinton	woode Walter	TAYLOR	2.667	. 1	HE OF EMATH PARMY, Day Year
U	4.BOCIAL SECURITY NUMBER 54 AGE Last Bart (Years) 79	day St. Under 3 Year	c. Under 1 Day . 8 BETT	riel .	riongs 7 Co	ecomber 20, 1994
DICEDINI	8 WAS DECEDENT EVER IN	Series de la composition della	% PLACE OF DEATH	ICheck only ares		arch 9, 1915
	9b. FACILITY NAME (If not institution, give street	ient DER/Outpatient DD		M LOCATION OF DEA	me □Other /S	he county of peath
1	Merle West Medical Co	Time when he are are	Klamath	Falls		Klomath
<u> </u>	(Give kind of work done during most of working to not use retried.) Heavy Equipment Operator	Construction		11. MARITAL CTATUS Mover Manuel, Wic Diversity (Science)	0000	POISE (II Manual Mulawasi)
4	134 RESIDENCE STATE 135 COUNTY	13c. CITY, TOWN OR L	OCATION	Married	1	ordelia Taylor
5	Oregon Klamath 134. INSIDE CITY 134. ZIP CODE 144. W 15500C	Klamath Fo		5145 Stud		venue EGBENTS FOURANCE:
6		Hy NO OT TES - 17 yes, specify (Yes Sheet V	American Indian, fishe, etc. (Specify	Flement ap Se	outh without draits consistents
PARINTS	17. FATHER - NAME Tirst middle lat			19 :47	RMANT HAM	E and relationship to decrease
	Parris - Taylor 20a. METHOD OF DISPOSITION [Mausoleum]	Julia -	Lamb ON (Name of cemetery, co		della To	aytor - Spouse
DISPOSITION	□Burlat Cremation □ Pernoval from State □ Donation □ Other (Specify)	Eternal Hill				alls. Oregon
8	218. SISTUATURE OF THE GRAL SERVICE LICENSE ERSON ACTING AS SUCH	E OR 216 LICE	HSE MUMBER 22 HAN	E ADDRESS AM ZIP	OF FACILITY	
9	Call aprile		Lie	rnal Hills ! Highway 3 9 K		Home U.s., Onagon 97603
REGISTRAR	23. DATE FILED (Month, Day, Year) DEC 21 1994		24 REC	STRAR & SIGNATURE	,	
	25. DID HOSPITAL REPRESENTATIVE MAKE REQU	JEST FOR ANATOMICAL GIFT		mey Ke	aned	Y
	☐YES XONO ☐NIA	Para supercure				
10	TO BE COMPLETED BY CERTI	FYING PHYSICIAN		TO BE COMPLETE	D CMLY BY ME	
11	11:15 a. H DY: XNO	AMINER NOTIFIED?	31a TIME O	F DEATH 316 DAT	PRONOUNCE	D DEAD (Month, Play Year Picnet
CERTIFIER.	29. To the best of my knowledge, death occurred a due to the cause(s) and marrier stated. (Sigsature)	If the time, date, place and		este of Examination at the, date, place and ou	diar investigation	on, in my epimon death occurred i) and manner stated
	1 Malle		M.D. Signatur	-		
12	1200 DATE SIGNED (Months, Day, Year)		TO DATE SA	SNED (Month, Day, Ye	u)	COUNTY
13	34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIE			ath Falls,	Onegon	07601
CONDITIONS	WILLIAM B. Baker M.D. 33. NAME OF ATTENDING PHYSICIAN IF OTHER T			utn rutta,		71002
IF ANY	38. IMMECIATE CAUSE JENTER ONLY ONE CAUSE	PER UNF FOR (a), (b), AND a		24 Carter or 0		· · · · · · · · · · · · · · · · · · ·
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